

CAHPS Hospice Survey Survey Vendor Authorization Form

Hospice agencies must authorize an approved CAHPS Hospice Survey vendor to submit data on their behalf for the administration of the CAHPS Hospice Survey.

If you are considering switching survey vendors, you must contact the CAHPS Hospice Survey Project Team right away. Early contact with the CAHPS Hospice Survey Project Team will help you make a successful transition to the new survey vendor. Be aware that in the past some hospices have suffered a two percent reduction in Medicare payments due to an unsuccessful transition to a new survey vendor. Do not let this happen to you! The CAHPS Hospice Survey Project Team can be reached at hospicecahpssurvey@HCQIS.org or 1-844-472-4621.

In order to authorize a survey vendor or switch to a new survey vendor, a hospice representative must complete the CAHPS Hospice Survey Vendor Authorization Form and submit it to the RAND Corporation one calendar quarter (90 days) prior to the first time data will be submitted to the CAHPS Hospice Survey Data Warehouse by that survey vendor.

The individual who completes this form for the hospice will be considered the CAHPS Hospice Survey Administrator for that hospice. Hospices should also designate, on the form, an individual within the hospice organization to serve as the main point of contact with the CAHPS Hospice Survey Project Team and to review data submissions by the survey vendor. If a hospice wishes to change CAHPS Hospice Survey vendors, it may do so **ONLY** at the beginning of a calendar quarter.

Note: A quarter is based on the calendar year (CY) and will correspond to the month of patient death. For example, Quarter 1 2018 begins with January 2018 patient deaths (caregivers to be surveyed April 2018).

This form must be signed and dated in the presence of a notary public, notarized and sent to the RAND Corporation. Please note, when completing the CAHPS Hospice Survey Vendor Authorization Form pertaining to multiple hospice agencies, it is appropriate to attach a list to the form (signed and dated by the CAHPS Hospice Survey Administrator) of all the applicable hospices (hospice names and CMS Certification Numbers [CCNs]). Please check the box on the form indicating that a separate document is attached and indicate the number of hospice names and CCNs listed on the separate sheet.

If sent via U.S. Mail, send to:

RAND Corporation
ATTN: Melissa A. Bradley
CAHPS Hospice Survey
1200 South Hayes Street
Arlington, VA 22202

If sent via Federal Express, UPS or other overnight delivery service, send to:

RAND Corporation
ATTN: Melissa A. Bradley
CAHPS Hospice Survey
1200 South Hayes Street
Arlington, VA 22202
Phone: 703-413-1100, extension 5599

Note: After submission of the CAHPS Hospice Survey Vendor Authorization Form, no further action is required by the hospice to notify CMS of their survey vendor selection. The RAND Corporation communicates to CMS which hospice agencies have authorized a survey vendor to administer the CAHPS Hospice Survey on their behalf.

CAHPS Hospice Survey Survey Vendor Authorization Form

I, _____ (print CAHPS Hospice Survey Administrator's name),
acknowledge and accept the role and all of the responsibilities of the CAHPS Hospice Survey
Administrator for _____ (print name of hospice),
_____ (CMS Certification Number [CCN] or

CCN List is attached (indicate number of hospices on list _____)

In this role I will be responsible for:

- 1) Authorizing a survey vendor to collect data for _____ (print name of hospice or "See attached document") as part of the CAHPS Hospice Survey and to submit data to CMS on behalf of the hospice.
- 2) Notifying CMS and the RAND Corporation immediately if the hospice de-authorizes a survey vendor by completing a new Vendor Authorization Form.
- 3) Designating an individual within the hospice organization to serve as the main point of contact with the CAHPS Hospice Survey Project Team and who will review data submissions by the survey vendor.
- 4) Notifying the CAHPS Hospice Survey Project Team if my role as the CAHPS Hospice Survey Administrator for the hospice will no longer be valid and identifying my successor by submitting a new Vendor Authorization Form.

By signing this form, I authorize _____ (print CAHPS Hospice Survey vendor name) to collect data for the hospice I represent as part of the CAHPS Hospice Survey and to submit data to CMS on behalf of the hospice.

Hospice Administrator First and Last Name: _____

Hospice Administrator Signature: _____ Date: _____

Title: _____

Phone Number: (____) _____ Email: _____

Hospice Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Hospice Point of Contact for the CAHPS Hospice Survey Project Team:

First and Last Name: _____

Phone Number: (____) _____

Email: _____

Survey Vendor Authorizing: _____

IF HOSPICE IS DE-AUTHORIZING CURRENT VENDOR AND SWITCHING TO NEW VENDOR ONLY:

Name of Current Survey Vendor (De-authorizing): _____

Name of New Survey Vendor (Authorizing): _____

Please check **one** box that corresponds to the quarters in which the change will occur.

<i>Check One</i>	Last Quarter of Survey Administration for the Current CAHPS Hospice Survey Vendor (De-authorizing)	First Quarter of Survey Administration for the New CAHPS Hospice Survey Vendor (Authorizing)
<input type="checkbox"/>	Quarter 2 CY 2017 Deaths in April, May and June, 2017 Survey administration July, August and September, 2017 <i>Data submission November 8, 2017</i>	Quarter 3 CY 2017 Deaths in July, August and September, 2017 Survey administration October, November and December, 2017 <i>Data submission February 14, 2018</i>
<input type="checkbox"/>	Quarter 3 CY 2017 Deaths in July, August and September, 2017 Survey administration October, November and December, 2017 <i>Data submission February 14, 2018</i>	Quarter 4 CY 2017 Deaths in October, November and December, 2017 Survey administration January, February and March, 2018 <i>Data submission May 9, 2018</i>
<input type="checkbox"/>	Quarter 4 CY 2017 Deaths in October, November and December, 2017 Survey administration January, February and March, 2018 <i>Data submission May 9, 2018</i>	Quarter 1 CY 2018 Deaths in January, February and March, 2018 Survey administration April, May and June, 2018 <i>Data submission August 8, 2018</i>
<input type="checkbox"/>	Quarter 1 CY 2018 Deaths in January, February and March, 2018 Survey administration April, May and June, 2018 <i>Data submission August 8, 2018</i>	Quarter 2 CY 2018 Deaths in April, May and June, 2018 Survey administration July, August and September, 2018 <i>Data submission November 14, 2018</i>
<input type="checkbox"/>	Quarter 2 CY 2018 Deaths in April, May and June, 2018 Survey administration July, August and September, 2018 <i>Data submission November 14, 2018</i>	Quarter 3 CY 2018 Deaths in July, August and September, 2018 Survey administration October, November and December, 2018 <i>Data submission February 13, 2019</i>
<input type="checkbox"/>	Quarter 3 CY 2018 Deaths in July, August and September, 2018 Survey administration October, November and December, 2018 <i>Data submission February 13, 2019</i>	Quarter 4 CY 2018 Deaths in October, November and December, 2018 Survey administration January, February and March, 2019 <i>Data submission May 8, 2019</i>

Notary Public Signature: _____

Stamp: _____

Notary Public Date: _____